

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HD		
O.I.P.E. CLASSIFIER		12	07-11-01
FORMALITY REVIEW	FL	1019	5/3/07
RESPONSE FORMALITY REVIEW			07-05-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	07-11-01
2	✓	✓	07-11-01
3	✓	✓	07-11-01
4	✓	✓	07-11-01
5	✓	✓	07-11-01
6	✓	✓	07-11-01
7	✓	✓	07-11-01
8	✓	✓	07-11-01
9	✓	✓	07-11-01
10	✓	✓	07-11-01
11	✓	✓	07-11-01
12	✓	✓	07-11-01
13	✓	✓	07-11-01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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7-5-01  
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